

## **Adult Day Health Care Nursing**

**Definition:** Adult Day Health Care (ADHC) Nursing services are provided in and by the adult day health care center and are limited to the skilled procedures listed below and as ordered by a physician:

- Ostomy care
- Urinary catheter care
- Decubitus/wound care
- Tracheostomy care
- Tube feedings
- Nebulizer treatment

This service is provided to individuals who are eighteen (18) or older. One unit of Adult Day Health Care Nursing includes any one or combination of the listed skilled procedures provided to a Community Supports Waiver Adult Day Health Care service individual during one day's attendance at an Adult Day Health Care Center. Authorization for Adult Day Health Care Nursing will be separate from the Adult Day Health Care authorization and will not be day specific unless so ordered by a physician.

**Providers:** Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. All Adult Day Health Care Nursing services must be provided in the Adult Day Health Care center by a licensed nurse, as ordered by a physician and within the scope of the South Carolina Nurse Practice Act or as otherwise provided within State Law.

**Arranging for the Service:** Adult Day Health Care Nursing services are only appropriate for those Community Supports Waiver individuals who require more nursing care than the Adult Day Health Care Center is mandated to provide under the service provision of Adult Day Health Care services. In order for Adult Day Health Care Nursing services to be authorized, you must obtain a Physicians Order for the service by having the physician complete the **Community Long Term Care Adult Day Health Care Nursing/Respite Form (DHHS Form 122)**. You sign the form in the case manager position. Once the **Community Long Term Care Adult Day Health Care Nursing/Respite Form (DHHS Form 122)** is obtained, you must update the individuals Community Supports Waiver budget requesting Adult Day Health Care Nursing (S88) and receive approval. Once approved, you may authorize the service. The Adult Day Health Care Nursing provider is responsible for obtaining the direct care physician's orders (**DHHS Form 122A**).

The **Community Supports Form A-34** must be used to authorize the service. The **Community Supports Form A-34** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered.

The **Community Supports Form A-34** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the individual's/family's satisfaction with the service (refer to Chapter 9 "Monitorship of Community Supports Waiver Services"). The following schedule should be followed when monitoring Adult Day Health Care Nursing:

- Must complete on-site Monitorship during the first month
- At least once during the second month of service
- At least quarterly thereafter

Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Nursing?
- Is the Adult day Health Care Nursing meeting the individual needs?
- Are there any additional health/safety issues not being meet by Adult Day Health Care Nursing?
- How often does the individual receive Adult Day Health Care Nursing?
- What type of care is the individual receiving?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**TO:** \_\_\_\_\_

\_\_\_\_\_

**RE:** \_\_\_\_\_

**Individual's Name / Date of Birth**

**Address**

**Medicaid #**    /    /    /    /    /    /    /    /    /    /    /    /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Prior Authorization #**    **C S**    /    /    /    /    /    /

**Adult Day Health Care Nursing Services (X2045)**

Number of units/week: \_\_\_\_\_ (one unit=one day of ADHC Nursing)

Start Date: \_\_\_\_\_

**Service Coordinator:**    **Name / Address / Phone # (Please Print):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Authorizing Services**

\_\_\_\_\_  
**Date**

COMMUNITY LONG TERM CARE

FROM:

ADHC

## ADULT DAY HEALTH CARE FORM

PARTICIPANT'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ MEDICAID NUMBER \_\_\_\_\_ DOB: \_\_\_\_\_

DIAGNOSIS: PRIMARY			
(CURRENT) SECONDARY			
MEDICAL HISTORY: _____			
PHYSICAL EXAMINATION: T [ ] P [ ] R [ ] BP [ ]			
LABORATORY DATA:			
EENT:			
RESPIRATORY:			
CARDIOVASCULAR:			
GASTROINTESTINAL:			
GENITOURINARY:			
MUSCULOSKELETAL:			
SKIN:			
ENDOCRINE:			
ALLERGIES: _____			
DIET:			
SPECIAL CARE REQUIREMENTS: (List any daily activity limitations, special therapies or special care requirements):			
Is the individual capable of self-administering their own medication(s)? [ ] Yes [ ] No			
MEDICATIONS	DOSE/FREQ/ROUTE	MEDICATIONS	DOSE/FREQ/ROUTE
I ATTEST TO THE MEDICAL NECESSITY OF THE FOLLOWING SERVICES FOR THIS CLTC PROGRAM PARTICIPANT:			
ADULT DAY HEALTH CARE _____		ADULT DAY HEALTH CARE NURSING _____	
(Must complete Form 122A.)			
SIGNATURE OF PHYSICIAN _____		DATE: _____	
SIGNATURE OF ADHC STAFF _____		DATE: _____	
DATE SENT: _____		INITIALS: _____	

**MEDICAID HOME AND COMMUNITY-BASED WAIVER**  
**SCOPE OF SERVICES**  
**FOR**  
**ADULT DAY HEALTH CARE NURSING**

- A. Adult Day Health Care (ADHC) Nursing services are available for those clients attending ADHC under authorization of a Medicaid Home and Community-Based waiver. This service must be ordered by a physician to meet the client's care needs and must be prior authorized by the Medicaid Home and Community-Based waiver case manager. This service must be provided at the ADHC center by a licensed nurse, on a day the participant is attending Medicaid sponsored ADHC.
- B. ADHC Nursing service procedures are limited to those skilled procedures listed below as ordered by a physician:
1. Ostomy care
  4. Urinary catheter care
  3. Decubitus and/or wound care
  5. Tracheostomy care
  5. Tube feedings
  6. Nebulizer treatments that require medication

One Unit of ADHC Nursing consists of any combination of one or more of the listed ADHC Nursing service procedures listed above provided to a Medicaid Home and Community-Based waiver ADHC participant during one day's attendance at ADHC.

- C. Authorization for ADHC Nursing will be separate from the ADHC authorization and will not be day specific unless so ordered by a physician.
- D. Services provided prior to the Medicaid authorization date are not reimbursable.
- E. The ADHC Nursing provider will obtain the physician's orders for the ADHC Nursing service from the physician using DHHS Form 122A.
1. Physician's orders must be updated at least every 90 days and maintained by the provider in the participant record.
  2. A physician's order is required for any change in the type or frequency of ADHC Nursing services provided to the client. Within three (3) working days of a physician's verbal order, the ADHC Nursing provider must obtain a written order from the physician, document the order in the participant record and communicate the order to the Home and Community-Based waiver case manager in writing using DHHS Form 122A.
  3. The Home and Community-Based waiver case manager will review the participants needs within three (3) working days of receipt of DHHS Form 122A and update the participant record making any necessary changes in the authorization.

- F. All ADHC Nursing services must be provided within the scope of the South Carolina Nurse Practice Act or as otherwise provided within State law. Providers in bordering states must comply with all laws applicable to the provision of nursing services in that state.
- G. The ADHC Nursing services provider must maintain a client record containing documentation, that supports services provided and billed.
- H. Providers of ADHC Nursing services must utilize the automated systems mandated by CLTC to document and bill for the provision of services.

**Effective July 1, 2009**